


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90047 004 ****61.25

DOCUMENT # N25192	
1. Entity Name CENTENARY UNITED METHODIST CHURCH FOUNDATION, INC.	

Principal Place of Business CENTENARY UNITED METHODIST CHURCH 206 N. MADISON ST. QUINCY, FL 32351 US	Mailing Address CENTENARY UNITED METHODIST CHURCH 206 N. MADISON ST. QUINCY, FL 32351 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07022007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2887437

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOSLEY-MITCHELL, GLENN T REV
206 N MADISON ST
QUINCY, FL 32351**

7. Name and Address of New Registered Agent

Name **JACK O. TILK PASTOR**

Street Address (P.O. Box Number is Not Acceptable)
206 N. MADISON ST.

City **Quincy** FL Zip Code **32351**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jack O. Tilk* **7-12-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BATES, MARK W 505 WEST HIGHLAND AVE QUINCY, FL 32351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, S. CRAIG 2678 DUTEN RD QUINCY, FL 32352 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BASS, RICHARD 435 N JACKSON ST QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASS, MARTHA 717 NORTH 9TH ST QUINCY, FL 323511731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEE, SANDRA 1446 ATTAPULUS HIGHWAY QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV FLETCHER, BERT 308 EAST SHARON STREET QUINCY, FL 32351 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodgers, Jim 205 N. MADISON ST. Quincy FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Greenwald, Judy P.O. Box 241 Quincy FL 32353
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Bates* **7/24/07 850-627-9226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #